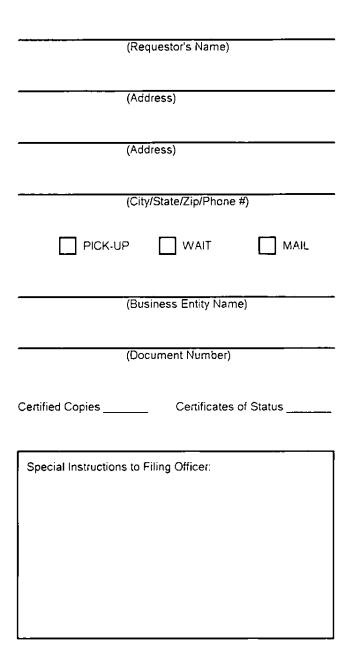
## L20 000 363 258



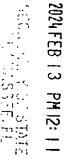
Office Use Only





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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Law Office of Philips (Name of Limited	Jacocci Ja
(Name of Emilieu	Liaomy Company)
The enclosed Articles of Dissolution and fee(s) are submitted	i for filing.
Please return all correspondence concerning this matter to th	e following:
Philip J. Yaciseci	of Person)
Lucy Office OF 19	Company)
7872 Saddibrook	DP107
POCT SOLVE LUCY (City/State	F / 34986 and Zip Code)
For further information concerning this matter, please call:	
Philo J. Yacucci TA- (Name of Person)	at ( 772 ) 979-2582 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
<b>★</b> \$25,00 Filing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  Law Office of Philip J. Yacucci Ja.	·
2. The Articles of Organization were filed onand assigned	
document number <u>L20000343258</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: 13/31/202. (effective date cannot be prior to or more than 90 days later than date document is received for Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date listed as the document's effective date on the Department of State's records.	3 r filing) e will not be
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant t 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	o section
SOLO PRAITITIONIR IN LOW OFFICE - RETINED	2024 F
	<del>-                                    </del>
	3 PH 12
5. If there are no members, enter the name and address of the person appointed to wind up the comp	oa <del>ny</del> 's
activities and affairs: Philo J. Yacutti Ja.	
7872 Suddlebrook Orive	
Port Jaint Wary FT. 34986	
6. Signature of an authorized person or if there are no members, the signature of the person appoint above to wind up the company's activities and affairs:	ed and liste
Signature Printed Name  FILING FEE: \$25.00	Ga